MAP-200
(Rev. 08/08)

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Services

Urgent Need for Michelle P. Waiver Services Application Instructions

The below described process has been developed to address 907KAR1:835E Section 6(1) (a) "Has an urgent need pursuant to 907KAR1:145, Section 7(7) (b) regardless of if the individual is on the SCL waiting list or not".

For consideration of an URGENT need for the Michelle P. Waiver services, an individual must first submit this application, a signed MAP10 - Physician Recommendation Form, and any other pertinent documentation to the extenuating circumstances. A copy of the Physician Recommendation form is enclosed for your use. Forms are also available on the internet at http://chfs.ky.gov/dms/mpw.htm

Please mail the completed application and the signed Physician's Certification form, as well as any other pertinent documentation to:

Michelle P. Waiver Program
Mental Health/ Mental Retardation Community Services Branch
275 East Main Street 6W-B
Frankfort, Kentucky 40621

If the individual meets one of the following urgent criteria, he/she will be determined to have immediate opportunity for assessment by their local CMHC. The urgent need criteria are as listed in 907 KAR1:145, Section 7(7) (b) "Urgent. The need shall be classified as urgent if a service is needed within 1 year as determined by:

1. Threatened loss of the individual's existing funding source for supports within the year due to the individual's age or eligibility;
2. The individual is residing in a temporary or inappropriate placement but his or her health and safety is assured:
3. The diminished capacity of the primary caregiver due to physical or mental status and lack of an alternative primary caregiver: or
4. The individual exhibits an intermittent behavior or action that requires hospitalization or police intervention.

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For program use only
Date Received: _____
Time Received: _____
Notice Sent: _____

Please provide the following personal information for the individual seeking services through the Michelle P. Waiver.

A. Client Information

_____ _____ ____ _____
(Last Name) (First Name) (MI) (Social Security Number)

_____
(Address)

_____ KY _____ _____
(City) (Zip) (Phone number)

_____ _____
(Date of Birth) (Diagnosis)

Date of Onset of Diagnosis_____

B. Guardian Information (if Applicable)

_____ _____
(Name) (Relationship to individual)

_____
(Address)

_____ KY _____ _____ _____
(City) (Zip) (County) (Phone number)

C. Caregiver Information (if Applicable)

_____ _____
(Name) (Relationship to individual)

_____
(Address)

_____ KY _____ _____ _____
(City) (Zip) (County) (Phone number)

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Please answer the following questions.

1. Has the individual identified a case management provider to assist in securing and coordinating services once you are admitted to the MP waiver program? ☐ Yes ☐ No

2. If yes, what is the name of the organization that will provide case management? _____

3. Is the individual at risk of loosing existing funding source for supports within the year due to the individual's age or eligibility? ☐ Yes ☐ No

4. Is the individual residing in a temporary or inappropriate placement but his or her health and safety is assured? ☐ Yes ☐ No

5. Does the primary caregiver have diminished capacity due to physical or mental status and lack of an alternative primary caregiver? ☐ Yes ☐ No

6. Does the individual currently demonstrate behavior that places himself/herself or a caregiver at risk of significant harm? ☐ Yes ☐ No

7. Is the individual demonstrating behavior **related to his or her mental retardation or developmental disability** which has resulted in arrest? ☐ Yes ☐ No

8. **If yes**, please attach an arrest record or a statement from law enforcement or the court indicating what type of offense(s) for which the individual has been arrested.

_____ _____
Signature of guardian Signature of applicant

_____ _____
Name of person completing application Relationship to applicant

_____
Telephone # of person completing application

Questions about applying for urgent consideration to enter the Michelle P. Medicaid Waiver program may be directed to http://chfs.ky.gov/dms/mpw.htm . Thank you.